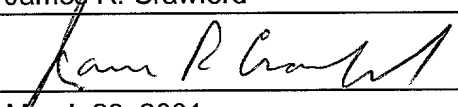


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UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	KIT 327	Total Pages
		First Named Inventor or Application Identifier		
		Iwao NOZAKI		
		Express Mail Label No.	EL 829763845 US	
APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate) 2. <input checked="" type="checkbox"/> Specification [Total Pages 20] (Preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 10] 4. Oath or Declaration <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16)<ul style="list-style-type: none">i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input checked="" type="checkbox"/> We hereby claim priority of Japanese Patent Appln. No. 2000-88449 dated March 28, 2000		
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application				
17. <input type="checkbox"/> For this application, please cancel original Claims of the prior application before calculating the filing fee.				
18. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24972 or <input type="checkbox"/> Correspondence Address below				
19. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to James R. Crawford at: Telephone: (212) 318-3148 Fax: (212) 318-3400				
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	James R. Crawford		Reg. No. 39,155	
SIGNATURE				
DATE	March 23, 2001			

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	herewith
	First Named Inventor	Iwao Nozaki
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	KIT 327

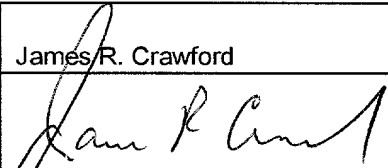
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	- 20 =	11	x 9.00	\$ 0.00
INDEPENDENT CLAIMS	- 3 =	0	x 82.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	-----
			TOTAL FEES	\$710.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$0.00
- ☒ A check for \$710.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:			<i>Complete (if applicable)</i>
Typed or Printed Name	James R. Crawford		Reg. No. 39,155
Signature		Date: March 23, 2001	Deposit Account No. 50-0624

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